

## DIVISION OF CHILDREN AND FAMILY SERVICES CHILDREN'S ADMINISTRATION

## **EXCEPTION REQUEST**

1.Check appropriate box, provide references WAC REFERENCES: POLICY							
LICENSING REQUIREMEN	ITS }						
Check appropriate box, enter costs from worksheet, and provide dates				ADDITIONAL COST OF EXCEPTION			
Additional Costs				AMOUNT PER MONTH			
Exceptional Cost Foster Care (Include Attachment A, DSHS 02-510A)				TOTAL AMOUNT			
Exceptional Cost Group Care (Include Attachment B, DSHS 02-510B)			IS 02-510B)				
Other (e.g. Admin Policy)				DATES FOR WHICH EXCEPTION IS REQUESTED FROM TO			
3. LOCAL OR REGIONAL OFFICE SERVICE V			SERVICE WO				
CASE NAME/AGENCY (As necessary	y)	CASE NU	JMBER (If any)		DATE		
4. Specific nature of and justification for	or request:	ll .					
5. Alternatives explored:							
5. Allematives explored.							

5. Alternatives (continued)			
Amount \$ What?			
7. LOCAL OFFICE ACTION SIGNATURE OF PERSON REQUESTING EXCEPTION		DATE	
ENDORSED NOT ENDORSED COMMENTS			
SUPERVISOR SIGNATURE	SUPERVISOR SIGNATURE		DATE
8. REGIONAL OFFICE ACTION (As necessary)		9. STATE OFFICE ACTION	I (If necessary)
ENDORSED NOT ENDORSED	Area Manager gional Manager	DENIED APPROVED	, (,
Comments		Comments	
10. Decision telephoned to office originating request?		DATE	TIME
11. APPROVING AUTHORITY SIGNATURE	TITLE	I .	DATE